

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3069AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2008
NAME OF PROVIDER OR SUPPLIER SUNSHINE RETIREMENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 316 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the state licensure complaint survey conducted at your facility on 12/16/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 9 total beds, with 4 beds classified as Category 1 and 5 beds classified as Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility for elderly or disabled persons</p> <p>Residential facility for persons with chronic illnesses</p> <p>The census at the time of the survey was 7. One sample resident file was reviewed and 0 employee files were reviewed.</p> <p>The following complaint was reviewed:</p> <p>NV00019389 - Unsubstantiated (with unrelated deficiencies #895, #896, #897, and #899).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified at the time of the survey:</p>	Y 000	<p><i>POC</i> <i>Acceptable</i> <i>4-9-9</i> <i>J. Carine</i></p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *2/18/2009*

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Y 895 Y 895 SS=D	Continued From page 1 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to record the type of medication administered to a resident (#1). Findings include: On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail: Zantac 150 milligrams by mouth twice daily Dexamethasone 4 milligrams by mouth mornings daily Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath Lorazepam .5 milligrams by mouth every 4 hours	Y 895 Y 895	Y895 a. Previous Administrator at the time of Survey on 12/16/08 Notified about the deficiency. Employee #1 as current Administrator is aware of the deficiency and setting guidelines for all Employees for proper documentation to Each resident medication Administration Record. b. Employee #1 will Ensure proper documentation by checking Each residents Files. Medication Administration Record is completely filled out as to what Medication is ordered, Time & frequency & Route. Administrator will monitor for compliance. See attachment #1 c. 2/16/09	

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Continuation sheet 2 of 8

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Y 895	Continued From page 2 as needed for anxiety/shortness of breath Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. On 12/16/08 in the afternoon, the administrator indicated she did not remember Resident #1. Severity: 2 Scope: 1	Y 895		
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review, the facility failed to record the date and time of medication administration to a resident (#1).	Y 896	<p><i>Y896</i></p> <p><i>a. Previous Administrator at the time of Survey on 12/16/09 made aware of the deficiency.</i></p> <p><i>Employee #1 is aware of the deficiency. Set up a guideline for all Employee on proper documentation.</i></p> <p><i>b. Employee #1 will Ensure that Medication Administration Record is complete with the Name of the Resident, Name of the medication, Date & Time, Route & the frequency. Care giver or who ever is assigned to give medication will initial the space whether patient take the medication or Not. all Employees will monitor for compliance.</i></p> <p><i>c. 2/16/09</i></p>	

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Y 896	<p>Continued From page 3</p> <p>Findings include:</p> <p>On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail:</p> <p>Zantac 150 milligrams by mouth twice daily</p> <p>Dexamethasone 4 milligrams by mouth mornings daily</p> <p>Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache</p> <p>Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath</p> <p>Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath</p> <p>Senna-S 1 tablet by mouth twice daily as needed for constipation</p> <p>Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once</p> <p>Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea</p> <p>Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008.</p> <p>Severity: 2 Scope: 1</p>		Y 896		
Y 897 SS=D	449.2744(1)(b)(3) Medication / MAR		Y 897		

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If continuation sheet 4 of 8

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Y 897	<p>Continued From page 4</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to record the date and time a resident missed an administration of medication (#1).</p> <p>Findings include:</p> <p>On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail:</p> <p>Zantac 150 milligrams by mouth twice daily</p> <p>Dexamethasone 4 milligrams by mouth mornings daily</p> <p>Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache</p> <p>Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath</p> <p>Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath</p>	Y 897	<p>Y897</p> <p>a. Previous Administrator at the time of Survey was Notified & Current Employee #1 is aware of the deficiency</p> <p>b. Employee #1 will go over the process of Medication Administration to all Employees since all Employees attended the Medication Administration Training utilizing the Medication Administration packet they got from the Training. All Employees Especially the Administrator will monitor for compliance. Medications are given Every day then the deficiency will be corrected daily & monitored Every time Medication is Given</p> <p>c. 2/25/2009</p>	

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If continuation sheet 5 of 8

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Y 897	Continued From page 5 Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. The file lacked a record of Resident #1's missed administrations of medication for August 2008. Severity: 2 Scope: 1	Y 897	<i>Y899</i> a. PREVIOUS Administrator at the time of Survey was Notified + made aware of the deficiency. Employee #1 is aware of the deficiency + will maintain Log of Caregivers assigned to Administer medication and it will be posted on Every month schedule.	
Y 899 SS=D	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. This Regulation is not met as evidenced by:	Y 899	b. All Employees will Sign ⁱⁿ Every MAR with the Initial on the bottom part of the MAR which say Signature + Initial. (See attachment #1). Employee #1 will Monitor for Compliance + it is a day to day activity so the monitoring is every day. all Employees should be aware. c. 2/19/09	

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Continuation sheet 6 of 8

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Y 899	<p>Continued From page 6</p> <p>Based on record review, the facility failed to indicate who assisted a resident in the administration of medication (#1).</p> <p>Findings include:</p> <p>On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail:</p> <p>Zantac 150 milligrams by mouth twice daily</p> <p>Dexamethasone 4 milligrams by mouth mornings daily</p> <p>Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache</p> <p>Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath</p> <p>Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath</p> <p>Senna-S 1 tablet by mouth twice daily as needed for constipation</p> <p>Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once</p> <p>Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea</p> <p>Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. The file failed to indicate who or if anyone administered Resident #1's scheduled medications for August</p>	Y 899			

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Y 899	Continued From page 7 2008. Severity: 2 Scope: 1	Y 899			

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If continuation sheet 8 of 8